

ADULT INDIVIDUAL EDUCATION PLAN

Student name: (last, first): _____
 DOB ____ / ____ / ____ School _____ SS# _____
 Disability _____
 Verification Documentation: APD VR School District Medical Verification Other: _____

This AIEP meeting is being held on Date ____ / ____ / ____ This is an Initial AIEP, or an Annual Review
 The next regularly scheduled annual review must occur on or before ____ / ____ / ____
 Services to be initiated on ____ / ____ / ____

An INTERIM REVIEW was held (see attached) ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Persons involved in the development of this AIEP:

	LEA Representative
	Student
	Parent(s)
	Teacher
	Job Coach
	Social Worker

The attached goals and objectives are designed to meet the student's expected program outcomes in the areas checked below.

	Academics/Pre-Academics
	Behavioral, Social, and Emotional
	Daily Living Skills/Self Help
	Perceptual/Motor
	Training for Employment/Prevocational
	Transition (Indicate Below)
	Vocational
	Other

Check topics discussed and record decisions below.

Support Service Providers/Service:	Academic/Vocational/Employment Assessments:
DCF:	SAIL/Occupational Exploration
APD:	TABE: ___R ___M ___L ___Total
VR:	VR Work Evaluation:
DBS:	Vocational Assessments:
Other:	Other:

Projected vocational job preparatory program: _____

 Specialized educational or vocational training services, aids or equipment, and testing procedures modifications: _____

Projected Personal Exit Outcome: _____

 Exit/Transition Recommendations: The student needs to exit to a more appropriate program placement.

<input type="checkbox"/> Work Experience	<input type="checkbox"/> Leisure/Social Programs
<input type="checkbox"/> Vocational training programs	<input type="checkbox"/> Health/Behavior Needs
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Age-appropriate setting
<input type="checkbox"/> Community-based education	<input type="checkbox"/> Current educational program can no longer meet student's needs

COMMENTS:

REVIEW	<p>ASSURANCE (To be completed at next annual review) This AIEP, including all attached pages, has been reviewed by the AIEP Committee on ____ / ____ / ____ . The information has been considered in the formulation of the new annual plan.</p> <p style="text-align: right;">_____ Signature of LEA Representative</p>
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